KANSAS MEDICAL JOURNAL.

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ORIGINAL ARTICLES.

Castration and Its Results.

BY R. E. MCVEY, M.D., TOPEKA.

The ventilation of this subject in the newspapers will probably result in good; and especially so to physicians who are brought in contact with physical and mental disabilities in which the generative organs are concerned.

When the phyrician sees the mental horizon of his patient becoming clouded from some form of sexual excess, the question arises, What is he to do? He is to use every method in the way of medicine and morals which are at his command to restore his patient to health.

After all the usual remedies have failed, and the patient is still on the downward road, physically and mentally, Then what is he to do? Shall he resort to the last remedy—surgery? The majority of physicians and the public say no.

The mental function is for the guidance and preservation of the individual; the sexual for the propagation of the species. While these two functions are quite distinct, they are closely related, and are more or less reciprocal.

In the normal condition in man the psychical function predominates—the psychical center in the brain controls the sexual center in the lumbar cord. But it is possible for the sexual center to dominate the psychical in the brain.

The semen is composed in part of lecithin; lecithin is a highly phosphorized fat which is supplied by the brain and nervous tissue. When there is unnecessary waste of this highly vitalized fluid the nervous centers are undermined. The cells of the brain are enfeebled by this loss, and the recurring shocks produced by the repeated emissions. From the vicious habit of mastuibation the psychical centers are enfeebled; the sensory cells of the brain do not readily respond to external impression of its environment.

In all confirmed masturbators the light of the intellect is being extinguished by sexual excesses. The pathology of sexual neurasthenia—the prostate gland is usually hypersensitive, and its cavities more or less enlarged from its hypersensitive condition. It will not retain the normal amount of fluid it is intended to hold in its healthy condition, and the natural tendency to an emission ensues. The spermatic cord is quite frequently dilated and enlarged with dilation of the spermatic veins by which there is an altered nutrition in the glandular structure of the testicles, with more or less atrophy and impotency.

Before these grosser changes take place the trouble is regarded as functional. That is to say, that no anatomical changes which are visible to the naked eye or the microscope have taken place, but a functional disturbance of this kind will involve the whole nervous system at different points, and these molecular changes are sure to result in the grosser anatomical changes referred to—when the habit is long continued epilepsy, insanity and dementia. In many of these cases it seems that either the mental function or the sexual function must be sacrificed. Which is the most important to the individual? It has always seemed that the sexual function should be the one to mitigate in the interest of the other.

Does castration cure this class of patients? Of course not at first. In old men who have

enlarged prostates and difficult micturition, castration has given relief. After the operation the prostate has been found contracted and the obstruction removed. In the masturbator the same result will take place. The dilated prostate will contract and it will lose its hyperæsthesia, the waste of lecithin will cease, and the vitality of the nervous system will be restored.

The authority to perform the operation is vested in any honorable physician when it is necessary to save life or mind.

Physicians are above the law when their acts are in accordance with the best medical authorities and usages. The superintendents of insane, idiotic and imbecile asylums have the moral and legal right to perform these operations with the advice of competent medical counsel. The same rules should apply to private practice, and reputable physicians will not perform such operations without the advice and assent of a council of their brethren.

While the subject of castration is as old as the race itself, the continued changes in society has made it almost a new one at this time. It is a subject that should be discussed in medical societies and by medical journals for the enlightenment of the profession and the laity in its relation to cure of masturbation and prevention of rape. At no time should it be made a political question.

The mortality from the operation is about *nil* under antiseptic surgery.

Removal of Both Testicles for Chronic Hypertrophy of Prostate.

BY J. D. THOMAS, M.D.

Extract from proceedings Alleghany County (Pa.) Medical Society.

Mr. President: I beg leave to report the following case of double castration for enlarged prostate and chronic cystitis.

C. C., aged 60 years. German. By occupation a nurse; was sent into the South Side Hospital by Dr. J. E. T. Martin, under whose care he had been, on August 4, 1894, for operation. This was done on the following day. Patient has never had a venereal disease; he has a double hernia. About ten years ago he began to notice that he was urinating oftener than usual, and that he was obliged to get up during the night. This trouble grew worse year after year, until at present he is obliged to urinate every half hour during the day and eight or ten times during the night, When he is urinating he is obliged to get upon his knees and succeeds in emptying his bladder by drops. This straining causes prolapsus of the rectum. The pain is so intense that the whole household is disturbed by his groans. Has been taking paregoric, on his own responsibility, to relieve this pain. In the past has resorted to the catheter, as his occupation made him familiar with its use; but the pain eventually became so intense with its use that he abandoned it. On examination of the urine it was found to be neutral and contained a large amount of pus; the patient described it as looking like thick buttermilk. Residual urine two ounces. The soft catheter passed without much difficulty, suggesting thereby that there was very little, if any, median hypertrophy. Examination by the rectum revealed both lobes of the prostate markedly but uniformly enlarged.

The choice of operation was left with the patient. As his virile powers had been lost for several years he chose double castration, which, with the assistance of Drs. O'Conner, Martin and others, I did as stated above. The patient remained in the hospital for five weeks, and during this time his bladder was thoroughly treated by Dr. Martin. Before the operation, and for some weeks after, his physical condition was very bad, but a perceptible improvement in the urinating function was noticeable in a few days, and this improvement has continued right along to the present, although he has had no medical treatment now for some weeks. He can at present retain his urine during the day for from two to six hours, and during the night for two hours. Urination now causes very little pain, and is voided promptly and in a

good stream. The urine still contains at times some flakes, but the patient states that there are other times when it is quite clear. By rectal examination a diminution in the size of the prostatic hypertrophy is patent to the finger. My impression is that his greatest discomfort at present comes from his double hernia. The patient and his family feel grateful for the marked improvement that has taken place since the operation.

I report this case as the operation resorted to is a comparatively new one for the cure of chronic hypertrophy of the prostate body. In this country I believe that Dr. J. William White, of Philadelphia, is the most ardent exponent of this operation. His experiments as well as those of others, have demonstrated that in the dog the removal of the testicles is followed by atrophy of the prostate. Raum (*Therapeutic Gazette*) reports two cases, "in which cystitis persisted, and which disappeared like magic after the removal of the testicles. The hypertrophy of the prostate decreased immediately." In my case the cystitis did not disappear "like magic," neither did the hypertrophy decrease "immediately," but the improvement took place gradually, continuously and satisfactorily.

During the month of August last I removed both testicles for tubercular disease. I reported this case in full to the society in August and again referred to it in September, although sufficient time had not elapsed to make an absolute prognosis. I sent for this patient last night and examined his prostate. It is much diminished in size, and the results are all that could be desired. In an editorial in the *Journal of the American Medical Association*, this matter was recently taken up and a number of cases mentioned in California, Philadelphia and elsewhere; but the report of this society was not recognized. Evidently the editor of the *Journal of the American Medical Association* does not read many medical journals.

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Pharyngotherapy.

Heller (*British Medical Journal*) advocates this treatment in many of the infective diseases. It consists in washing out the nose and nasopharynx with water which has been previously boiled, or with sterilized saline solution. This is done with a caoutchouc bag, having a suitable nozzle. Two or three injections are given on each side. If the fluid is injected very gently and slowly, as it always should be, there is no danger of damage to the ears. The author believes that most of the infective diseases are inhalation diseases, the first localization being in the upper air passages from which the generalization occurs. The diseases in which the author, during many years, has found this treatment useful are diphtheria, whooping cough, scarlet fever, measles, variola, even typhoid fever, and acute rheumatism, etc. He contends that it has a distinct expectorant effect.

Eastern Kansas Medical Society.

TOPEKA, KAS., Dec. 31, 1894.

DEAR DOCTOR: We extend to you a cordial invitation to the Winter meeting of the Eastern Kansas Medical Society, which will be held in A. O. U. W. Hall, 723 Kansas avenue, January 8, 1895, at 8 P.M.

PROGRAM.

1. Hyaline Degeneration—J. L. Gilbert, M.D., Topeka, Kas.
2. Causes and Modes of Death; Plain Hints About Medico-Legal Autopsies—J. B. Connell, M.D., Kansas City, Mo.
   Discussion—E. A. Wagner, Esq., Topeka.
3. Intra-Ocular Sarcoma (with microscopical Illustrations by Dr. Gilbert)—J. E. Minney, A.M., M.D., Topeka.
4. Some Surgical Cases with Post Mortem—L. Reynolds, M.D., Horton.
5. Report of Committee on Resolutions on the death of Drs. M. O'Brien and Reid Alexander — W. S. Lindsay, M.D., Chairman.

R. S. MAGEE, M.D., *Secretary*.

Kansas Medical Journal.

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Topeka, Kansas, Saturday, Dec. 29, 1894.

Greeting.

Doctors, you are another year older than when we greeted you last on such an occasion; you are, as we hope we are, wiser and better. Experience, our common schoolmaster, is not partial, but exacting. A number of the brethren whom we greeted one year ago are absent. They have taken their departure. Their earthly round of duties, and trials, and disappointments, and successes are matters of record in time, and subjects of speculation to us as to the result hereafter. Some of our bright lights have been extinguished for a time, although their influence serves to stimulate us to greater deeds and better work. Our loss then is only in the seeming, for the good a man does ever lives.

Our greeting is retrospective and prospective.

In looking over the past year we congratulate you on the good work you have done. The year has been an unfortunate one financially to the people in general, and no one has sustained greater loss than you have and has said less about it and continued straight forward relieving suffering, binding up the broken-hearted and administering to the distressed, without hope of financial gain. In doing this you have proven your title, that of "physician." A great deal has been learned in medicine during the past year, and a great deal has had to be unlearned.

The microscope is proving its worth, but appears to be more and more confined to demonstrating the results of disease rather than its cause, showing whether abnormal growths are benign or malignant, whether in sore throat, the result of the diphtheritic poison (the bacilli) is present or not, and the same in typhoid fever and tuberculosis.

Prospective.—The future is the messenger from whom we will receive the next call. The new year is upon us with all of its bright promises; with its responsibilities and possibilities. We know not what it has in store for us, but we all know that to be found in the harness is in the line of duty, and that the diligent man is honored and will prosper. It does appear that we are but fairly getting ready to learn medicine; and as before stated, that, while the microscope has done a great deal for us, its limit has been reached so far as diagnosing disease is concerned, and that chemistry is holding out to us the most flattering inducements for the discovery of the cause of disease. This belief is growing in the minds of the general practitioner probably more than in the mind of the strict scientist, from the fact that the former is in a position to see and comprehend results in an unbiased way better than the latter. Nothing in medicine promises more today in the discovery of the cause of disease than the science of chemistry. There is a tendency to generalize specialism. By this we mean a demand that the specialist should be a more

all-round man.

In the administration of drugs monopharmacy is gaining ground, and smaller doses of medicine more frequently repeated shows better results than such large doses. But to attempt to enumerate what little inkling we have of prospective medicine would weary you, so we will shake, and hope that your brightest anticipations will be realized and that nothing but good may occur to you.

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Past and Future.

This number closes the sixth volume of the KANSAS MEDICAL JOURNAL and we can see that much of our work might have been better; that many things were left undone, and other things it were better not to have done at all. This is doubtless a common experience with us all, and we, like the rest, propose to take advantage of past experience and begin the new year with new energy and a determination to make up for all our failures and mistakes.

We have no reason to complain of the success of the JOURNAL. It has gained support. It has received encouragement, and its position on questions of interest to the medical profession has had the hearty commendation of all. Its editorials have been frequently reprinted by our contemporaries, and many pleasant things have been said of us and our work. The original articles which have appeared during the past year, while they were mostly by Kansas men, have shown such knowledge and experience and familiarity with all the recent pathology that we have reason to be proud of this past of our journal.

Our greatest ambition is to produce a journal that will compare with any weekly journal published. This result cannot be obtained at once, but by continual improvement we hope at sometime to reach our goal. We have tried to add some feature of improvement each year and our plan for conducting the journal during the coming year we know will meet the approval of our readers. In the first place there will be a reorganization of the editorial corps. Several new names will be added that are prominent in the west as authors as well as practitioners.

Instead of dividing the JOURNAL into departments separate numbers will be devoted to the discussion of subjects of special interest at the time of publication, and the work will be conducted by one of the coeditors. No pains will be spared to present all that is new and interesting on each subject. The JOURNAL will be enlarged and will appear hereafter in a different dress. In this connection we ask each of you to assist us in our work by furnishing as many case reports or other items as may come in your way.

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RECTAL feeding may be carried on by means of a mixture of two eggs, twenty grains of pepsin, ten grains of chloride of sodium, and six ounces of water. This mixture should be slightly warmed, thoroughly agitated, and then gently introduced into the bowels by means of a syringe. To facilitate the entrance of the fluid into the intestines it is well to put the patient in a position with the hips much elevated above the head, either the knee-chest position or with two or three pillows resting beneath the hips.— *Toledo Medical Compend.*

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Digestibility of Sterilized Milk.

University Medical Magazine.

Bendix (*Jarhbuch fur Kinderheilkunde*, Vol. xxxviii, Part iv) has made researches upon sound and sick children as to the digestibility of both sterilized and nonsterilized milk. He concludes:

1. That in healthy children there is no difference as to the digestibility of the two milks.

2. In sick children the sterilized is digested just as well as the unsterilized, notwithstanding the fact that the absorption of fat and nitrogen is so much reduced in such children.

3. The taste and smell of milk, while they may be changed by sterilization, are not materially so, and sterilized milk is readily taken by children.

4. He has never seen the health of children badly affected by the use of sterilized milk. On the other hand, they eat well, grow, and their stools are normal, and they never have vomiting.

5. The transmission of severe diseases from animals to men is prevented by the sterilization of milk.

6. Sterilization is much preferable to Pasteurization, and heating the milk to 212° F., while it does not hinder its digestion, absolutely kills all bacteria and spores.

The Cold Poultice as an Antipyretic in High Grades of Fever.

Universal Medical Journal.

Bedford Brown, of Alexandria, Va., has used cold poultices in his practice for the past fifteen years, with much satisfaction to himself and infinite comfort to his patients. He finds it to possess many advantages over the coal-tar antipyretics, as it never depresses the action of the heart or nervous system, but accomplishes its work speedily, easily, pleasantly, with comfort to the patient. His method of preparing the poultice is as follows: A sufficient quantity of flaxseed meal, to prepare a poultice of suitable dimensions is placed in a common earthen bowl, and over this is poured boiling water, while the meal is constantly stirred with a large spoon until cooked to the consistency of soft mush. This material is then spread on a piece of cotton of corresponding dimensions. After being spread and covered, the entire surface to be applied to the person, is frequently besprinkled with ice water until its temperature goes down to 68° or 70° F. (20° or 21.1° C.), when it is ready for application. At this point I would suggest that the poultice be not spread too thick, as in that case it would prove oppressive to the patient. The poultice, thus spread, is applied over the chest, from above the cardiac region to the pubes. In pneumonia of a violent type, with an unyielding temperature of 104° or 105° F. (40° or 40.6° F.), frequent, hard, wiry pulse, great frequency and oppression of respiration. Dr. Brown has seen a cold poultice applied over the entire chest, extending back well over the sides, accomplish more in the reduction of temperature, of frequency of cardiac action and respiration than all other local agents combined. If necessary, the poultice should be renewed until the temperature falls to normal.

Aristol in Nasal and Pharyngeal Catarrh

Maryland Medical Journal.

Aristol possesses properties which render it eminently adapted for the treatment of diseases of the nose and throat. It is an active antiseptic, and yet perfectly innocuous, odorless and free from irritating effects upon the delicate mucous membrane of the air passages. It is very light and can therefore be readily insufflated. It is very adhesive and will not therefore be removed by sneezing and coughing. The expectations entertained of the value of aristol in catarrhal troubles of the nose and throat on the ground of its possession of these desirable properties have been abundantly realized in practice. In simple atrophic rhinitis, ozena, and rhino-pharyngitis sicca it has effected cures in cases where other remedies

proved powerless or only temporary relief. As regards its manner of application aristol may be insufflated in its original form of a powder, after previous cleansing of the parts, or a solution in one of the lighter petroleum products may be applied by means of a spray. As an antiseptic dry dressing after operations upon the nose and throat it fulfils every indication demanded of such a remedy. A writer in the New York *State Medical Reporter*, August, 1894, speaks as follows with regard to this remedy: "Aristol has been found to be a most useful antiseptic in nose treatment, and has many things in its favor, chief of which is its lack of unpleasant odor. I use it in solution with liquid petroleum, then spray it into the nose and naso-pharynx. A favorite formula of some is:

R.—Aristol .....gr. xxx
Benzoenol .....1 oz

M. Sig.—To be used as spray or for application with cotton probe."

Nuclein Solution to Abort Typhoid Fever.

The American Therapist.

In a verbal communication to the writer, Dr. A. M. Boyer, of Philadelphia, a careful and conscientious observer, said he had now some doubts as whether or not he had in all his experience of more than twenty-five years seen a genuine case of typhoid fever. Since the latter part of April, he says, he has treated dozens of cases which, to him, and according to the books, presented all the characteristic symptoms of typhoid fever, including the coated tongue, malaise, pain in the iliac fossa, rose-colored spots, looseness of the bowels with the peculiar yellow stools. Some of the patients had been sick for a day or two; others for several days or a week, and according to the history, objective symptoms, pulse-rate and temperature record, were properly classed as typhoid fever.

Treatment of these cases consisted in the administration of small doses of copper arsenite and the exhibition of nuclein solution, of the latter about half a dozen tablets daily (each containing approximately one-third minim), dissolved in water and taken in divided portions at intervals of two hours. Without an exception the characteristic typhoid symptoms all disappeared within forty-eight hours. Although the patients were sick, debilitated, and suffered from more or less looseness of the bowels—some for a few days, others for a week or more—the genuine typhoid fever never fully manifested itself, and all recovered.

Dr. Boyer says at first he was inclined to believe that the recoveries were mere coincidences, but when the same class of cases that he had frequently seen develop typhoid fever in previous years get well one after another in the course of a few days or a week, it seemed incredible.

A Simple Cure for Hiccough.

Dr. W. F. Morgan, of Leavenworth, Kas., in a recent issue of the New York *Medical Times*, gives the following as a simple cure for hiccough:

The patient should first exhale and then inhale of pure air, to the full capacity of his lungs; now let him retain this air as long as he can without decided distress, and then slowly empty his lungs, and again slowly and deeply inhale as before, and so continue to inspire and expire, making the interval as long as possible between the acts of inspiration and expiration. I have never known this simple expedient to fail in relieving an attack of ordinary hiccough.

Of course, when hiccough is complicated or associated with serious organic disease, we would not expect this or any other remedy to produce a cure, or anything more than perhaps a temporary relief. It seems probable that these cures, together with the time-honored and popular ones of drinking nine swallows of cold water wihout breathing, and of suddenly startling the patient, may all be explained upon the theory that by their aid we act indirectly upon the nervous mechanism of the diaphragm, thus giving it a rest by means of which its equilibrium is more or less promptly restored.

CATALOGUED
MAY 9 1895
E. H. B.

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